

# VMTA SKILLS TEST APPLICATION FORM

Teacher's Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ E-mail \_\_\_\_\_

**Fees:** Enclose \$6.00 for each student taking ONE test only.  
Enclose \$8.00 for each student taking TWO successive tests.  
(Option: Your local chapter may add an extra \$1.00 per student. Ask your local chairman!)  
Make checks payable to your local organization. (YOUR PERSONAL CHECK ONLY.)

Teacher Number: \_\_\_\_\_

STUDENT'S NAME	KEYBOARD	SINGLE-LINE	LEVEL	PASS	FAIL	ROOM	TIME	FEE
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								
11.								
12.								
13.								
14.								
15.								
16.								
17.								
18.								
19.								
20.								

Total number of tests for each level:

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5 \_\_\_\_\_ 6 \_\_\_\_\_ 7 \_\_\_\_\_ 8 \_\_\_\_\_ 9 \_\_\_\_\_ 10 \_\_\_\_\_ 11 \_\_\_\_\_ 12 \_\_\_\_\_

Total number of tests: \_\_\_\_\_